10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MAR 1 7 2008 am

Mar 17 2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

<u>Pa</u>	U) Plaint	Smith	FINANCIAL AFFIDAVIT			
v. Defendant(s)			08CV1557 JUDGE ZAGEL MAGISTRATE JUDGE DENLOV			
more i provio I,	nformati the the add the the add the the the the the the the the the the	ion than the space that is provided ditional information. Please PRI have provided the space of	, declare that I am the Deplaintiff Detitioner Demovant titled case. This affidavit constitutes my application of to proceed popert of my motion for appointment of counsel, or Doth. I also f these proceedings, and that I am entitled to the relief sought in support of this petition/application/motion/appeal, I answer the			
2.	Mont	you currently employed? thly salary or wages: e and address of employer:	□Yes ŒNo			
	a.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last	employer: EARTH BEALITY			
	b.	Are you married? Spouse's monthly salary of Name and address of empl				
3.	or ar	nyone else living at the same	ove in response to Question 2, in the past twelve months have you residence received more than \$200 from any of the following s" or "No", and then check all boxes that apply in each category.			
	a. Amo	Salary or wages	□Yes ⊡No Received by			

ZIIIIOMI.	☐ Business, ☐ profest at	ssion or 🗆 other self-er Received by	nployment	□Yes	Œ No
c. Amoun	☐ Rent payments, ☐	interest or □ dividend Received by	S	□Yes	⊠No
d.	compensation, □ une	al security, □ annuitie employment, □ welfare	, □ alimony or	maintenance or □ o □Yes	□ worke child supp ⊡No
Amou	nt	Received by			· · · · · · · · · · · · · · · · · · ·
e. Amoui	☐ Gifts or ☐ inherit	ances Received by		□Yes	⊠No
f,	□Any other sources	(state source: Received by) □Yes	□Mo
	cial instruments?	ing at the same resider	nce own any st	ocks, bonds, secur □Yes	ities or ot
шиш	ATMY ITTALL MILESCHICA			□ 1 ¢s	LEATA
гиан Ргоре	erty:		arrent Value:		LEATIN
Prope In wh	erty: nose name held:	C	arrent Value: elationship to y	ou:	LEATA
Prope In wh	erty: nose name held:			ou:	
Prope In wh Do y cond	erty:nose name held: rou or anyone else livominiums, cooperative	ving at the same residences, two-flats, three-flats	ence own any i	ou:	, apartme
Prope In wh Do y cond Addr Type	rou or anyone else livominiums, cooperative	ring at the same resides, two-flats, three-flats	ence own any in a street, and in a stree	ou: real estate (houses □Yes	, apartme
Prope In wh Do y cond Addr Type In wh	ou or anyone else live ominiums, cooperative ess of property: of property: hose name held:	ring at the same resides, two-flats, three-flats	ence own any is, etc.)? irrent value:	ou: real estate (houses □Yes u:	, apartme
Prope In wh Do y cond Addr Type In wh	rou or anyone else liver ominiums, cooperative ess of property: of property: hose name held: ount of monthly mortga	ving at the same residences, two-flats, three-flats	ence own any is, etc.)? Trent value: ationship to yo	ou:	apartme
Prope In wh Do y cond Addr Type In wh Amo	rou or anyone else living of person making pay	ring at the same resides, two-flats, three-flats Cu Ref ge or loan payments:	ence own any is, etc.)? Interret value: ationship to you	ou:	ailers, mo
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I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue. NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution. CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration) I.D.#2001 00 11/1/7 has the sum of I certify that the applicant named herein, on account to his/her credit at (name of institution) Cook Covwly I further certify that the applicant has the following securities to his/her credit: certify that during the past six months the applicant's average monthly deposit was \$ (Add all deposits from all sources and then divide by number of months)

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Facility: COOK COUNTY JAIL Shipped: 12/12/2007 10:19

Order#: 1733628 Loc: DIV 09 BL/BU 3H

T/D 30 C/B 63

Name: SMITH, PAUL

1 Items

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